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Notice of Independent Review Decision

DATE OF REVIEW: 07/07/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Left shoulder arthroscopy, RCR, SAD, biceps tenodesis.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 04/09/08 –Spine & Joint Hospital Radiology report.
2. 04/09/08 –denial preauthorization.
3. 04/21/08 –Orthopedic Institute Evaluation, Dr.
4. 05/06/08 – Request for preauthorization,.
5. 06/10/08 –denial preauthorization.
6. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was injured on xx/xx/xx while performing his usual job. The employee was running a ditch witch when the wrong switch was hit causing a jerk to his left arm. The employee stated that his left shoulder dislocated and he was able to pop it back in.

The medical records provided for this review do not contain any reference to conservative care utilized by his treating doctor, Dr.

Dr. an orthopedic surgeon at Orthopedic Institute saw him on 04/21/08. The employee complained of pain in the shoulder with decreased motion and pain at night. Dr. referred to an MRI that was performed at Spine & Joint Hospital on 04/09/08. The radiologist reported a full thickness tear in the tracks of the supraspinatus tendon, along with severe tendinopathy and partial tear of the infraspinatus tendon. The biceps tendon and labrum appeared to be intact. Degenerative changes were seen in the acromioclavicular joint with a Type II configuration of the acromion. There was an osteophytic ridge along the coracoacromial ligament insertion.

Dr. reported an examination that included limited active elevation. External rotation was limited to 65 degrees. Strength was normal in resisted internal and external rotation. The employee had a positive drop arm test and a positive impingement test. The employee was neurovascularly intact.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Official Disability Guidelines for repair of a rotator cuff include subjective and objective clinical findings that are present in this employee. He also has imaging clinical findings that are consistent with the diagnosis. The indication for surgery also included recommendations for three to six months of conservative care with treatment directed toward gaining full range of motion. There is no indication that any physical therapy, reconditioning, or other treatment has been utilized. Surgery for ruptured biceps tendon at the shoulder also recommends consideration of treatment. The MRI noted that the biceps tendon is intact, along with the labrum.

Although this employee presents with clinical and imaging findings that are consistent with recommendations for surgery, he has received no conservative care that would attempt to regain his preinjury function. Under ***Official Disability Guidelines***, the employee should have at least three months of actively supervised formal physical therapy and reconditioning. If the employee has not regained his function at the end of that time, applications for surgery should be renewed.

The denial is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. ***Official Disability Guidelines***